

BEST AVAILABLE COPY

CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
401						451		501		551	
402						452		502		552	
403						453		503		553	
404						454		504		554	
405						455		505		555	
406						456		506		556	
407						457		507		557	
408						458		508		558	
409						459		509		559	
410						460		510		560	
411						461		511		561	
412						462		512		562	
413						463		513		563	
414						464		514		564	
415						465		515		565	
416						466		516		566	
417						467		517		567	
418						468		518		568	
419						469		519		569	
420						470		520		570	
421						471		521		571	
422						472		522		572	
423						473		523		573	
424						474		524		574	
425						475		525		575	
426						476		526		576	
427						477		527		577	
428						478		528		578	
429						479		529		579	
430						480		530		580	
431						481		531		581	
432						482		532		582	
433						483		533		583	
434						484		534		584	
435						485		535		585	
436						486		536		586	
437						487		537		587	
438						488		538		588	
439						489		539		589	
440						490		540		590	
441						491		541		591	
442						492		542		592	
443						493		543		593	
444						494		544		594	
445						495		545		595	
446						496		546		596	
447						497		547		597	
448						498		548		598	
449						499		549		599	
450						500		550		600	
TOTAL IND.						TOTAL IND.					
TOTAL DEP.						TOTAL DEP.					
TOTAL CLAIMS						TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENTS

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SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			★	★	★
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
601										
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650										
TOTAL IND.	7									
TOTAL DEP.	313									
TOTAL CLAIMS	320									
51										
52										
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TOTAL IND.										
TOTAL DEP.										
TOTAL CLAIMS										

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

BEST AVAILABLE COPY

CLAIMS ONLY							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
401	✓							
402	-							
403	-							
404	-							
405	✓							
406	✓							
407	✓							
408								
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421								
422								
423								
424	-							
425								
426	-							
427	✓							
428								
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433								
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436								
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438								
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441								
442								
443								
444								
445								
446								
447	✓							
448								
449								
450								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

	IND.	DEP.	IND.	DEP.	IND.	DEP.
451	✓	501	✓	551	✓	601
452		502		552		602
453		503		553		603
454		504		554		604
455		505		555		605
456		506	-	556		606
457		507	-	557		607
458		508	=	558		608
459		509	✓	559		609
460		510		560		610
461		511		561	-	611
462		512		562		612
463		513		563	=	613
464		514		564	✓	614
465		515		565	=	615
466		516		566	✓	616
467		517		567		617
468		518		568		618
469		519		569		619
470		520		570		620
471		521		571		621
472		522	=	572		622
473		523	✓	573		623
474		524		574		624
475		525		575		625
476		526		576		626
477		527	✓	577		627
478		528	=	578		628
479		529	✓	579		629
480		530		580		630
481		531		581		631
482	✓	532		582		632
483	✓	533		583		633
484	✓	534		584		634
485		535		585		635
486		536		586		636
487		537		587		637
488		538		588	-	638
489		539		589	-	639
490		540		590	=	640
491		541		591	✓	641
492		542		592		642
493		543		593		643
494		544		594		644
495		545		595		645
496		546		596		646
497		547		597		647
498		548		598		648
499		549		599		649
500		550		600		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09/332,244
- APPLICANT(S)

FILING DATE
6/11/99

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			101		151	
52			102		152	
53			103		153	
54			104		154	
55			105		155	
56			106		156	
57			107		157	
58			108		158	
59			109		159	
60			110		160	
61			111		161	
62			112		162	
63			113		163	
64			114		164	
65			115		165	
66			116		166	
67			117		167	
68			118		168	
69			119		169	
70			120		170	
71			121		171	
72			122		172	
73			123		173	
74			124		174	
75			125		175	
76			126		176	
77			127		177	
78			128		178	
79			129		179	
80			130		180	
81			131		181	
82			132		182	
83			133		183	
84			134		184	
85			135		185	
86			136		186	
87			137		187	
88			138		188	
89			139		189	
90			140		190	
91			141		191	
92			142		192	
93			143		193	
94			144		194	
95			145		195	
96			146		196	
97			147		197	
98			148		198	
99			149		199	
100			150		200	
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
201							261			301		351	CD	
202							262			302		352		
203							263			303		353		
204							264			304		354		
205							265			305		355		
206							266			306		356		
207							267			307		357		
208							268			308		358		
209							269			309		359		
210							270			310		360		
211							271			311		361		
212							272			312		362		
213							273			313		363		
214							274			314		364		
215							275			315		365		
216							276			316		366		
217							277			317		367		
218							278			318		368		
219							279			319		369	CD	
220							280			320		370	✓	
221							281			321		371		
222							282			322		372		
223							283			323		373		
224							284			324		374		
225							285			325		375		
226							286			326		376		
227							287			327		377		
228							288			328		378		
229							289			329		379		
230							290			330		380		
231							291			331		381		
232							292			332		382		
233							293			333		383		
234							294			334		384		
235							295			335		385		
236							296			336		386		
237							297			337		387		
238							298			338		388		
239							299			339		389		
240							300			340		390		
241										341		391		
242										342		392		
243										343		393		
244										344		394		
245										345		395		
246										346		396		
247										347		397		
248										348		398		
249										349		399		
250										350		400		
TOTAL IND.							TOTAL IND.	8						
TOTAL DEP.							TOTAL DEP.	321						
TOTAL CLAIMS							TOTAL CLAIMS	329						